



# ADOPTED

BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES

#20 FEBRUARY 14, 2012

*Sachi A. Hamai*  
SACHI A. HAMAI  
EXECUTIVE OFFICER

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County residents through direct  
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through collaboration with  
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February 14, 2012

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, California 90012

Dear Supervisors:

## REQUEST TO ACCEPT COMPROMISE OFFERS OF SETTLEMENT (ALL DISTRICTS) (3 VOTES)

### SUBJECT

To request Board approval for the Director of Health Services (Director) to accept compromise offers of settlement for patients who received medical care at either County facilities and/or at non-County operated facilities under the Trauma Center Service Agreement or Impacted Hospital Program (IHP). The compromise offers of settlement referenced below are not within the Director's authority to accept.

### IT IS RECOMMENDED THAT YOUR BOARD:

Authorize the Director or his designee, to accept the attached compromise offers of settlement, pursuant to Section 1473 of the Health and Safety Code, for the following individual accounts:

Patients who received medical care at County facilities:

- (1) Account Number LAC+USC MC – Various \$4,051
- (2) Account Number LAC+USC MC – 10740060 \$4,236
- (3) Account Number H-UCLA MC – Various \$5,000
- (4) Account Number LAC+USC MC – Various \$5,000
- (5) Account Number H-UCLA MC – Various \$7,000
- (6) Account Number H-UCLA MC – Various \$9,946
- (7) Account Number LAC+USC MC – 283535 \$10,593
- (8) Account Number LAC+USC MC – Various \$13,500

(9) Account Number LAC+USC MC – 12385889 \$184,456

Patients who received medical care at non-County facilities:

(10) Account Number IHP - 12868162 \$3,900

(11) Account Number EMS - 247 \$2,500

(12) Account Number EMS - 524 \$4,391

(13) Account Number EMS - 521 \$30,041

Total All Accounts: \$284,614

### **PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

Patients who received medical care at a County facility: The compromise offers of settlement for patient accounts (1) - (8) are recommended because the patients are unable to pay the full amount of charges and the compromise offers represent the maximum amount the Department was able to negotiate or was offered under the legal settlement involved in these cases. The compromise offer of settlement for patient account (9) is recommended because the offer is the highest amount that could be negotiated with the patient's insurance provider (Commercial or HMO) under the circumstances of the case, and receipt of such insurance proceeds prevents further collection from the patient, except for possible beneficiary co-insurance or deductible obligations.

Patients who received medical care at non-County facilities: The compromise offers of settlement for patient accounts (10) - (13) are recommended because the County has agreements with certain non-County medical facilities under which it pays for emergency or trauma care provided to eligible indigent patients at those facilities. These agreements allow the County, after it has made payment for a particular patient, to pursue recovery from third parties who are financially responsible for such care.

The best interests of the County would be served by approving the acceptance of these compromises, as it will enable the Department of Health Services (DHS) to maximize net revenue on these accounts.

### **Implementation of Strategic Plan Goals**

The recommended action supports Goal 1, Operational Effectiveness, of the County's Strategic Plan.

### **FISCAL IMPACT/FINANCING**

This will expedite the County's recovery of revenue totaling approximately \$284,614.

### **FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

Under County Code Chapter Section 2.76.046, the Director has the authority to reduce patient account liabilities by the greater of i) \$15,000, or ii) \$75,000 or 50 percent of the account balance, whichever is less. Any reduction exceeding the Director's authority requires Board approval.

On January 15, 2002, your Board adopted an ordinance granting the Director authority to compromise or reduce patient account liabilities when it is in the best interest of the County to do so.

On November 1, 2005, your Board approved a revised ordinance granting the Director authority to reduce, on an account specific basis, the amount of any liability owed to the County which relates to medical care provided by third parties for which the County is contractually obligated to pay, and related to which the County has subrogation or reimbursement rights. The revised ordinance was adopted by your Board on December 8, 2005.

Typically, recoveries in legal settlements are divided approximately into thirds between plaintiff, plaintiff's attorney, and all medical lien holders, which would include the County's lien. Factors that contribute to each party receiving more or less than one-third of the recovery include the number of medical lien holders, the patient's attorney retainer agreement, and costs accrued by the patient during the legal process.

**IMPACT ON CURRENT SERVICES (OR PROJECTS)**

Maximizing net revenues on patients who received medical care at County facilities will help DHS meet its budgeted revenue amounts. All payments received for the trauma and IHP accounts (non-County facilities) will replenish the Los Angeles County Trauma and IHP Funds.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Mitchell Katz". The signature is fluid and cursive, with the first name "Mitchell" written in a larger, more prominent script than the last name "Katz".

Mitchell H. Katz, M.D.

Director

MHK:lg

Enclosures

c: Chief Executive Office  
County Counsel  
Executive Office, Board of Supervisors

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 1  
DATE: FEBRUARY 14, 2012

Total Gross Charges	\$20,046	Account Number	Various
Amount Paid	\$0	Service Type	Inpatient & Outpatient
Balance Due	\$20,046	Date of Service	Various
Compromise Amount Offered	\$4,050.50	% Of Charges	20 %
Amount to be Written Off	\$15,995.50	Facility	LAC+USC Medical Center

### JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient gross charges of \$20,046 for medical services rendered. The patient qualifies for Ability-To-Pay (ATP) with no liability and no other coverage was found. The patient's third party liability (TPL) claim settled for \$15,000, the policy limit carried by the party responsible at the time of the accident, and her attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	\$6,000	\$6,000	40 %
Lawyer's Cost	\$604.41	\$604.41	4 %
LAC+USC Medical Center *	\$20,046	\$4,050.50	27 %
Other Lien Holders *	\$16,975	\$3,395	23 %
Patient	-	950.09	6 %
Total	-	\$15,000	100 %

\* Lien holders are receiving 50% of the settlement (27% to LAC+USC Medical Center and 23% to others).

This patient is covered by ATP and as a condition of the ATP agreement; the County may pursue reimbursement from any responsible third party. Based on DHS' outside collection agency's assessment and recommendation, this compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 2  
DATE: FEBRUARY 14, 2012

Total Gross Charges	\$85,148	Account Number	10740060
Amount Paid	\$0	Service Type	Inpatient
Balance Due	\$85,148	Date of Service	9/8/10 – 9/22/10
Compromise Amount Offered	\$4,236.26	% Of Charges	5 %
Amount to be Written Off	\$80,911.74	Facility	LAC+USC Medical Center

### JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient gross charges of \$85,148 for medical services rendered. The patient is a General Relief (GR) recipient and no other coverage was found. The patient's third party liability (TPL) claim settled for \$13,912 and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	\$4,637.47	\$4,637.47	33 %
Lawyer's Cost	\$202.44	\$202.44	2 %
LAC+USC Medical Center *	\$85,148	\$4,236.26	30 %
Other Lien Holders *	\$5,535.24	\$400	3 %
Patient	-	4,436.25	32 %
Total	-	\$13,912.42	100 %

\* Lien holders are receiving 33% of the settlement (30% to LAC+USC Medical Center and 3% to others).

Based on the information provided, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 3  
DATE: FEBRUARY 14, 2012

Total Gross Charges	\$190,948	Account Number	Various
Amount Paid	\$0	Service Type	Inpatient & Outpatient
Balance Due	\$190,948	Date of Service	Various
Compromise Amount Offered	\$5,000	% Of Charges	3 %
Amount to be Written Off	\$185,948	Facility	H-UCLA Medical Center

### JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at H-UCLA Medical Center and incurred total inpatient and outpatient gross charges of \$190,948 for medical services rendered. No coverage was found for the patient. The patient's third party liability (TPL) claim settled for \$15,000, the policy limit carried by the party responsible at the time of the accident, and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees *	\$5,000	\$4,207	28 %
Lawyer's Cost	\$931	\$931	6 %
H-UCLA Medical Center **	\$190,948	\$5,000	33 %
Other Lien Holders **	\$1,309.50	\$655	5 %
Patient**	-	\$4,207	28 %
Total	-	\$15,000	100 %

\* The attorney agreed to reduce his fees from \$5,000 (33%) to \$4,207 (28%).

\*\* Lien holders are receiving 38% of the settlement (33% to H-UCLA Medical Center and 5% to others).

Based on DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to H-UCLA Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 4  
DATE: FEBRUARY 14, 2012

<b>Total Gross Charges</b>	\$27,219	<b>Account Number</b>	Various
<b>Amount Paid</b>	\$0	<b>Service Type</b>	Inpatient & Outpatient
<b>Balance Due</b>	\$27,219	<b>Date of Service</b>	Various
<b>Compromise Amount Offered</b>	\$5,000	<b>% Of Charges</b>	18 %
<b>Amount to be Written Off</b>	\$22,219	<b>Facility</b>	LAC+USC Medical Center

### JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient gross charges of \$27,219 for medical services rendered. No coverage was found for the patient. The patient's third party liability (TPL) claim settled for \$15,000, the policy limit carried by the party responsible at the time of the accident, and her attorney is proposing the following disbursement of the proceeds:

<b>Disbursement</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
<b>Lawyer's Fees</b>	\$5,000	\$5,000	33 %
<b>Lawyer's Cost</b>	\$773.22	\$773.22	5 %
<b>LAC+USC Medical Center *</b>	\$27,219	\$5,000	33 %
<b>Other Lien Holders *</b>	\$1,451.75	\$1,451.75	10 %
<b>Patient</b>	-	\$2,775.03	19 %
<b>Total</b>	-	\$15,000	100 %

\* Lien holders are receiving 43% of the settlement (33% to LAC+USC Medical Center and 10% to others).

Based on DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet her obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.



## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 5  
DATE: FEBRUARY 14, 2012

Total Gross Charges	\$44,589	Account Number	Various
Amount Paid	\$0	Service Type	Inpatient & Outpatient
Balance Due	\$44,589	Date of Service	Various
Compromise Amount Offered	\$7,000	% Of Charges	16 %
Amount to be Written Off	\$37,589	Facility	H-UCLA Medical Center

### JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at H-UCLA Medical Center and incurred total inpatient and outpatient gross charges of \$44,589 for medical services rendered. No coverage was found for the patient. The patient's third party liability (TPL) claim settled for \$21,000 and her attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	\$7,000	\$7,000	33.33 %
Lawyer's Cost	-	-	-
H-UCLA Medical Center	\$44,589	\$7,000	33.34 %
Other Lien Holders	-	-	-
Patient	-	\$7,000	33.33 %
Total	-	\$21,000	100 %

Based on DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet her obligation to H-UCLA Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.



## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 6  
DATE: FEBRUARY 14, 2012

Total Gross Charges	\$40,207	Account Number	Various
Amount Paid	\$0	Service Type	Inpatient & Outpatient
Balance Due	\$40,207	Date of Service	Various
Compromise Amount Offered	\$9,945.53	% Of Charges	25 %
Amount to be Written Off	\$30,261.47	Facility	H-UCLA Medical Center

### JUSTIFICATION

This patient was involved in an automobile versus pedestrian accident. As a result of this accident, the patient was treated at H-UCLA Medical Center and incurred total inpatient and outpatient gross charges of \$40,207 for medical services rendered. No coverage was found for the patient. The patient's third party liability (TPL) claim settled for \$30,000, the policy limit carried by the party responsible at the time of the accident, and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	\$10,000	\$10,000	33 %
Lawyer's Cost	\$108.94	\$108.94	1 %
H-UCLA Medical Center *	\$40,207	\$9,945.53	33 %
Other Lien Holders *	\$4,970.60	\$4,792	16 %
Patient	-	\$5,153.53	17 %
Total	-	\$30,000	100 %

\* Lien holders are receiving 49% of the settlement (33% to H-UCLA Medical Center and 16% to others).

Based on DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to H-UCLA Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 7  
DATE: FEBRUARY 14, 2012

<b>Total Gross Charges</b>	\$31,306	<b>Account Number</b>	283535
<b>Amount Paid</b>	\$0	<b>Service Type</b>	Inpatient
<b>Balance Due</b>	\$31,306	<b>Date of Service</b>	11/27/09 – 11/30/09
<b>Compromise Amount Offered</b>	\$10,593	<b>% Of Charges</b>	34 %
<b>Amount to be Written Off</b>	\$20,713	<b>Facility</b>	LAC+USC Medical Center

### JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient gross charges of \$31,306 for medical services rendered. The patient qualifies for Ability-To-Pay (ATP) with no liability and no other coverage was found. The patient's third party liability (TPL) claim settled for \$40,000 and her attorney is proposing the following disbursement of the proceeds:

<b>Disbursement</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
<b>Lawyer's Fees *</b>	\$16,000	\$16,000	40 %
<b>Lawyer's Cost</b>	\$1,183.62	\$1,183.62	3 %
<b>LAC+USC Medical Center **</b>	\$31,306	\$10,593	26 %
<b>Other Lien Holders **</b>	\$4,157	\$1,407	4 %
<b>Patient</b>	-	\$10,816.38	27 %
<b>Total</b>	-	\$40,000	100 %

\* Attorney's fee of 40% was agreed upon in the retainer agreement between the patient and his attorney.

\*\* Lien holders are receiving 30% of the settlement (26% to LAC+USC Medical Center and 4% to others). This settlement distribution is consistent with the Hospital Lien Act (California Civil Code section 3045) which indicates that lien holders are entitled to up to 50% of the settlement after deducting attorney's fees and cost. The lien holders will receive 30% of the settlement with the patient receiving the remaining 27%.

This patient is covered by ATP and as a condition of the ATP agreement; the County may pursue reimbursement from any responsible third party. Based on DHS' outside collection agency's assessment and recommendation, this compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 8  
DATE: FEBRUARY 14, 2012

<b>Total Gross Charges</b>	\$63,367	<b>Account Number</b>	Various
<b>Amount Paid</b>	\$0	<b>Service Type</b>	Inpatient & Outpatient
<b>Balance Due</b>	\$63,367	<b>Date of Service</b>	Various
<b>Compromise Amount Offered</b>	\$13,500	<b>% Of Charges</b>	21 %
<b>Amount to be Written Off</b>	\$49,867	<b>Facility</b>	LAC+USC Medical Center

### JUSTIFICATION

This patient was involved in an automobile versus motorcycle accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient gross charges of \$63,367 for medical services rendered. No coverage was found for the patient. The patient's third party liability (TPL) claim settled for \$100,000, the policy limit carried by the party responsible at the time of the accident, and his attorney is proposing the following disbursement of the proceeds:

<b>Disbursement</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
<b>Lawyer's Fees</b>	\$33,333	\$33,333	33 %
<b>Lawyer's Cost</b>	-	-	-
<b>LAC+USC Medical Center *</b>	\$63,367	\$13,500	14 %
<b>Other Lien Holders *</b>	\$106,778.99	\$21,704	22 %
<b>Patient</b>	-	\$31,463	31 %
<b>Total</b>	-	\$100,000	100 %

\* Lien holders are receiving 36% of the settlement (14% to LAC+USC Medical Center and 22% to others).

Based on DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 9  
DATE: FEBRUARY 14, 2012

<b>Total Balance</b>	\$296,158	<b>Account Number</b>	12385889
<b>Amount Paid</b>	\$0	<b>Service Type</b>	Inpatient
<b>Balance Due</b>	\$296,158	<b>Date of Service</b>	10/7/11 - 10/31/11
<b>Compromise Amount Offered</b>	\$184,455.89	<b>% Of Charges</b>	62 %
<b>Amount to be Written Off</b>	\$111,702.11	<b>Facility</b>	LAC+USC Medical Center

## JUSTIFICATION

The above compromise offer of settlement is the highest amount that the patient's insurance (Commercial or HMO) could offer under the circumstances of this case, and receipt of such insurance proceeds prevents further collection from the patient, except for possible beneficiary coinsurance or deductible obligations.

### DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 10  
DATE: FEBRUARY 14, 2012

<b>Total Charges (Providers)</b>	\$29,497.72	<b>Account Number</b>	12868162 (Impacted Hospital Program)
<b>Amount Paid to Provider</b>	\$3,900	<b>Service Type / Date of Service</b>	Inpatient Services 7/26/09 – 7/28/09
<b>Compromise Amount Offered</b>	\$3,900	<b>% of Payment Recovered</b>	100 %

### JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at Downey Medical Center and incurred total inpatient gross charges of \$29,497.72 for medical services rendered. The provider has received payment from the Los Angeles County Impacted Hospital Program in the amount of \$3,900. The patient's third-party claim has been settled for \$10,000, the policy limit carried by the party responsible at the time of the accident, and her attorney is proposing the following disbursement of the proceeds:

<b>Disbursement</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
<b>Attorney fees</b>	\$3,333	\$3,333	33 %
<b>Los Angeles County</b>	\$29,497.72	\$3,900	39 %
<b>Patient</b>		\$2,767	28 %
<b>Total</b>		\$10,000	100 %

As stated in the Impacted Hospital Program (IHP) agreement, reimbursement to providers is for Emergency Room (ER) and Inpatient Services provided to eligible indigent patients.

Proposed settlement reimburses the IHP fund 100% (\$3,900) of amount paid to Downey Medical Center.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 11  
DATE: FEBRUARY 14, 2012

<b>Total Charges (Providers)</b>	\$30,422	<b>Account Number</b>	EMS 247
<b>Amount Paid to Provider</b>	\$6,425	<b>Service Type / Date of Service</b>	Inpatient 8/15/09
<b>Compromise Amount Offered</b>	\$2,500	<b>% of Payment Recovered</b>	39 %

### JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at St. Mary Medical Center and incurred total inpatient gross charges of \$30,422 for medical services rendered. The provider has received payment from the Los Angeles County Trauma Fund in the amount of \$6,425. The patient's third-party claim has been settled for \$20,000, the policy limit carried by the party responsible at the time of the accident, and his attorney is proposing the following disbursement of the proceeds:

<b>Disbursement</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement (\$20,000)</b>
<b>Attorney fees</b>	\$8,000	\$8,000	40 %
<b>Attorney cost</b>	\$2,821	\$2,821	14 %
<b>Other Lien Holders</b>	\$18,792	\$1,250	6 %
<b>Los Angeles County</b>	\$30,422	\$2,500	13 %
<b>Patient</b>		\$5,429	27 %
<b>Total</b>		\$20,000	100 %

As stated in the Trauma Center Service Agreement, reimbursement to providers is for the hospital component of trauma services provided to eligible indigent patients.

Proposed settlement reimburses the Trauma Fund 39% (\$2,500) of amount paid to St. Mary Medical Center.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 12  
DATE: FEBRUARY 14, 2012

<b>Total Charges (Providers)</b>	\$42,292	<b>Account Number</b>	EMS 524
<b>Amount Paid to Provider</b>	\$6,425	<b>Service Type / Date of Service</b>	Inpatient 7/26/10
<b>Compromise Amount Offered</b>	\$4,391	<b>% of Payment Recovered</b>	68%

## JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at Holy Cross Hospital and incurred total inpatient gross charges of \$42,292 for medical services rendered. The provider has received payment from the Los Angeles County Trauma Fund in the amount of \$6,425. The patient's third-party claim has been settled for \$15,000, the policy limit carried by the party responsible at the time of the accident, and his attorney is proposing the following disbursement of the proceeds:

<b>Disbursement</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement (\$15,000)</b>
<b>Attorney fees</b>	\$5,000	\$5,000	33 %
<b>Attorney cost</b>	\$241	\$241	2 %
<b>Other Lien Holders</b>	\$3,074	\$319	2 %
<b>Los Angeles County</b>	\$42,292	\$4,391	29 %
<b>EMS Physicians</b>	\$2,794	\$290	2 %
<b>Patient</b>		\$4,759	32 %
<b>Total</b>		\$15,000	100 %

As stated in the Trauma Center Service Agreement, reimbursement to providers is for the hospital component of trauma services provided to eligible indigent patients.

Proposed settlement reimburses the Trauma Fund 68% (\$4,391) of amount paid to Holy Cross Hospital.



## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 13  
DATE: FEBRUARY 14, 2012

<b>Total Charges (Providers)</b>	\$61,623	<b>Account Number</b>	EMS 521
<b>Amount Paid to Provider</b>	\$17,888	<b>Service Type / Date of Service</b>	Inpatient 10/22/01 - 10/24/01
<b>Compromise Amount Offered</b>	\$30,041	<b>% of Payment Recovered</b>	168%

## JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at Holy Cross Hospital and incurred total inpatient gross charges of \$61,623 for medical services rendered. The provider has received payment from the Los Angeles County Trauma Fund in the amount of \$17,888. The patient's third-party claim has been settled for \$100,000, the policy limit carried by the party responsible at the time of the accident, and his attorney is proposing the following disbursement of the proceeds:

<b>Disbursement</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement (\$100,000)</b>
<b>Attorney fees</b>	\$33,333	\$33,333	33 %
<b>Attorney cost</b>	\$675	\$675	1%
<b>Other Lien Holders</b>	2,860	\$1,840	2 %
<b>Los Angeles County</b>	\$61,623	\$30,041	30 %
<b>EMS Physicians</b>	\$3,434	\$1,229	1 %
<b>Patient</b>		\$32,882	33 %
<b>Total</b>		\$100,000	100 %

As stated in the Trauma Center Service Agreement, reimbursement to providers is for the hospital component of trauma services provided to eligible indigent patients.

Proposed settlement reimburses the Trauma Fund 168% (\$30,041) of amount paid to Holy Cross Hospital.